

Exhibit 4

VERIFIED RETURN OF SERVICE

State of Florida

County of Palm Beach

U.S. District Court

Case Number: 05-60807 CIV-COHN

Plaintiff:

AIRTIME MANAGEMENT, INC.

vs.

Defendant:

TIME TECHNOLOGIES, INC., and JOSEPH BERANICH



For: Jeffrey M. Garber

BOOSE CASEY CIKLIN ET AL.

Received by MULBERRY LEGAL SERVICES, INC. on the 6th day of September, 2005 at 3:00 pm to be served on JOSEPH BERANICH, 245 SULLIVAN STREET, EXETER, PENNSYLVANIA 19643 (870) 693-5797, J. STEVEN BALCH, being duly sworn, deposes and say that on the 15 day of SEPTEMBER 2005 at 2:22 p.m., executed service by delivering a true copy of the SUMMONS; COMPLAINT WITH DEMAND FOR JURY TRIAL; DEMAND FOR JURY TRIAL in accordance with state statutes in the manner marked below.

☒ INDIVIDUAL SERVICE: Served the withinnamed person.

☐ SUBSTITUTE SERVICE: By serving _____ as _____

☐ POSTED SERVICE: After attempting service on ____/____/____ at ____ and on ____/____/____ at ____ to a conspicuous place on the property described herein.

☐ OTHER SERVICE: As described in the Comments below by serving _____ as _____

☐ NON SERVICE: For the reason detailed in the Comments below.

COMMENTS: _____

I certify that I have no interest in the above action, am of legal age and have proper authority in the jurisdiction in which this service was made.

Subscribed and Sworn to before me on the ____ day of _____ by the affiant who is personally known to me.

NOTARY PUBLIC _____



PROCESS SERVER # _____

Appointed in accordance with State Statutes

MULBERRY LEGAL SERVICES, INC.
4080 Lakespur Circle South
Palm Beach Gardens, FL 33410
(561) 624-6530

Our Job Serial Number: 2005005200



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: JOSEPH BEKANICH 243 SULLIVAN ST. EXETER, PA 18643		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label) 7002 0860 0005 1246 7613		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540



☐ A ☐ C ☐ S
☐ INSUFFICIENT ADDRESS
☐ ATTEMPTED NOT KNOWN
☐ NO SUCH NUMBER/STREET
☐ NOT DELIVERABLE AS ADDRESSED
☐ UNABLE TO FORWARD
☐ OTHER

RTS
RETURN TO SENDER

REASON CHECKED
Addressed incorrectly
Insufficient address
No such street
No such office in state
Do not forward to this address

2101 L Street NW Washington, DC 20037-1526

RETURN RECEIPT
REQUESTED

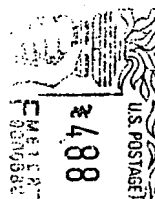
02 H/12
11/19/22

1st NOTICE 10-22
2nd NOTICE 10-27
RETURN 10-7

7002 0860 0005 1246 7613



SEP 16 05
DC



CERTIFIED MAIL